

Report Timeframe: May 8 to May 15, 2022

Statewide community levels: High. The daily rate of new COVID-19 cases per 100,000 is above 200. New COVID-19 admissions are above 10 per 100,000 per day, and the percent of hospital beds occupied by COVID-19 is below 10%.

- New daily COVID-19 cases, last 7 days: 371.00 per 100K
- New daily COVID-19 admissions, last 7 days: 11.22 per 100K
- Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average): 5.27%

Vermont Department of Health recommendations: [Protect Yourself & Others](#)

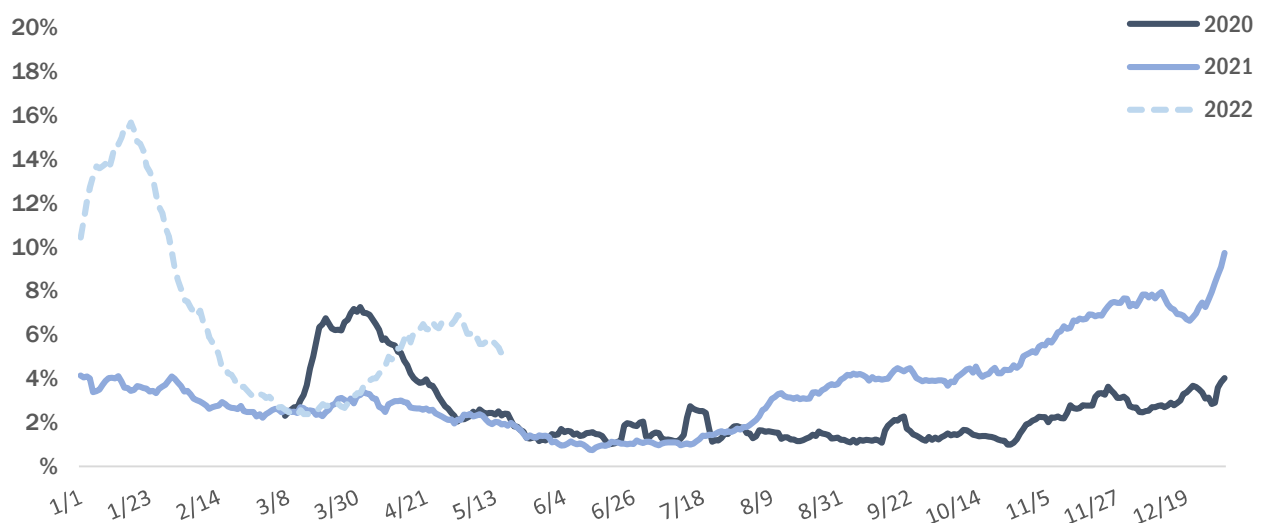
CDC recommendations: [COVID-19 by County | CDC](#)

Syndromic Surveillance

Vermont is using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), which provides all individual emergency department visits from participating emergency departments¹ to identify Emergency Department visits for COVID-Like Illness (CLI).

During this reporting period, between 5% and 6% of emergency visits in participating emergency departments have included COVID-like illness.

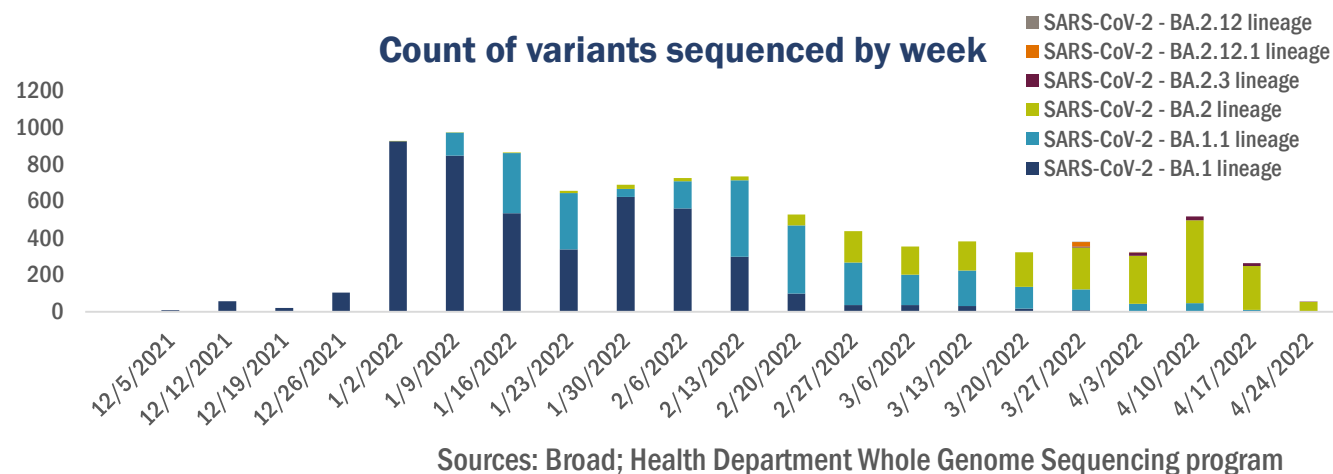
Percent of Emergency Visits with COVID-Like Illness Seven-Day Rolling Average, over Calendar Year



Source: Early Notification of Community-based Epidemics (ESSENCE)

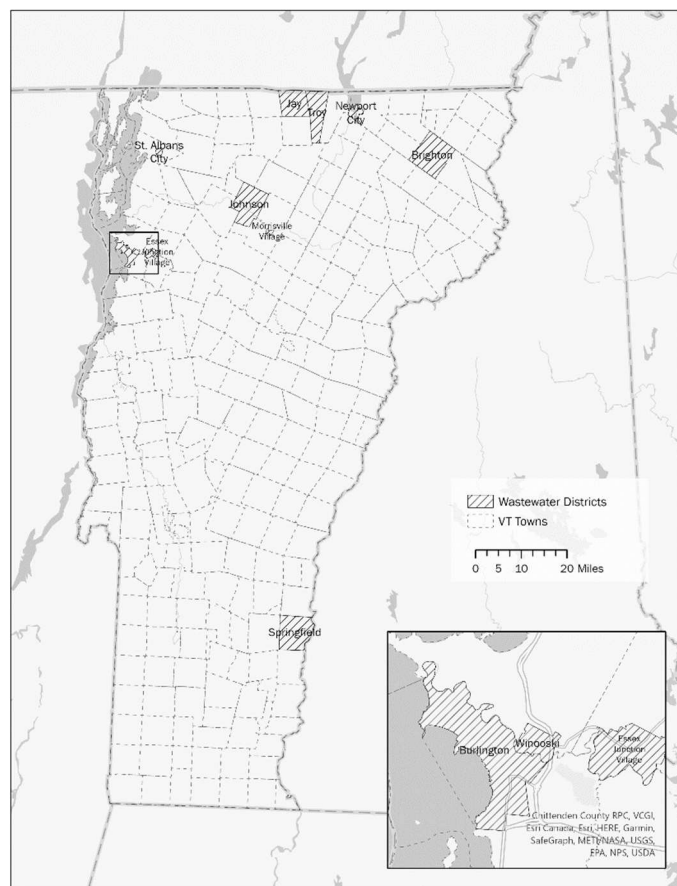
¹ All Vermont hospitals and two urgent care clinics are included in ESSENCE.

Proportion of circulating variants



Almost all (97%) specimens collected during the week of 4/17 were BA.2. All samples taken the week of 4/24 (which is not yet complete) are of BA.2 lineages. (Sources: Broad; Health Department WGS Program)

Wastewater Monitoring



Several Vermont wastewater districts have recently begun participating with the National Wastewater Surveillance System (NWSS). The NWSS reports the percent of changes over 15 days. Sample frequency may vary by site.

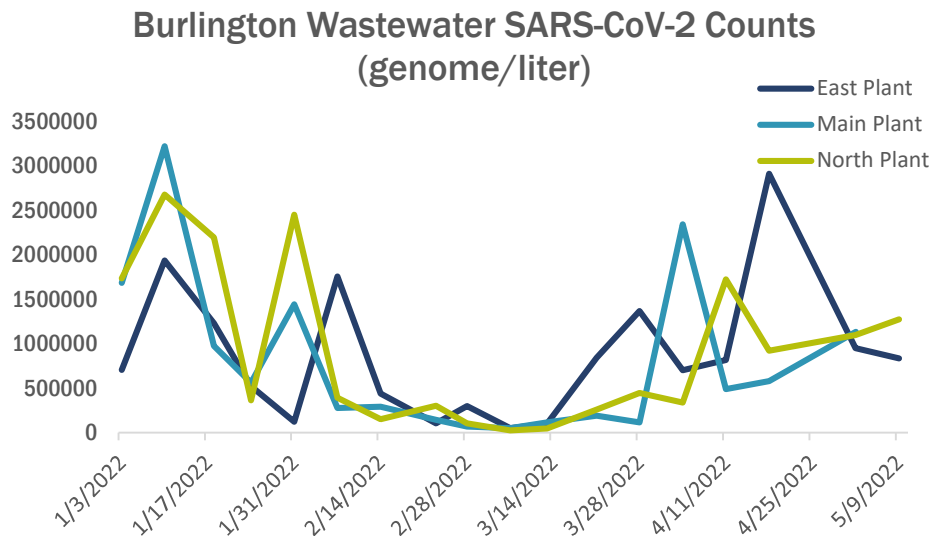
Due to a recent change in NWSS contractor, there are currently no data trends available to report for NWSS sites.

NWSS Site	15-day % change
Bennington	*
Brighton	*
Essex Junction	*
Johnson	*
Morrisville	*
Newport City	*
Springfield	*
St. Albans City	*
Troy / Jay WWTP	*
Winooski	*

*Trend data will be reported when available

Wastewater Monitoring, continued

In addition to Vermont's National Wastewater Surveillance System (NWSS) sites, the City of Burlington has been collecting samples in collaboration with the Health Department and research partners at the University of Vermont and at Dartmouth-Hitchcock Medical Center. Burlington has been collecting data since August 2020, and reports on the 24-hour viral concentration (as genomes per liter) of SARS-CoV-2 ribonucleic acid (RNA) collected at the city's three wastewater plants.



Burlington Wastewater did not report for the Main Plant on the most recent reporting date (5/9/2022). The North and East plants remained stable.

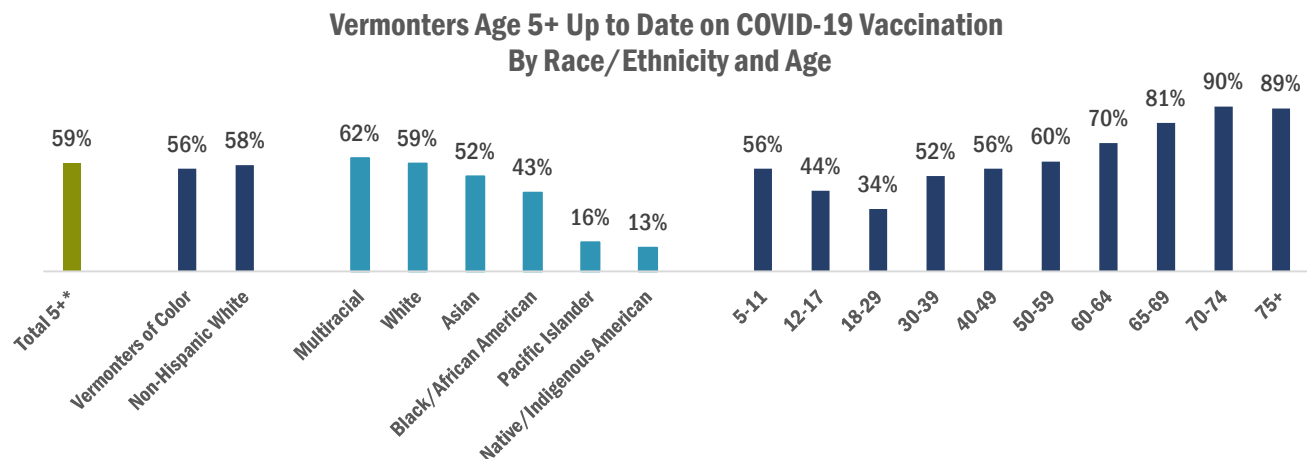
Reported and Confirmed Outbreaks, Active as of May 17, 2022

For purposes of this report, an outbreak is defined as three or more epidemiologically linked cases of COVID-19, where at least one such case has been laboratory or otherwise clinically confirmed as COVID-19.

Facility type	Reported outbreaks active on 5/10
Long-term Care (LTC)	27
Non-LTC Healthcare	3
Correctional Facility	3
School	-
Other	2

County	Reported outbreaks active on 5/17
Addison	4
Bennington	2
Caledonia	1
Chittenden	8
Essex	-
Franklin	2
Grand Isle	-
Lamoille	-
Orange	1
Orleans	1
Rutland	7
Washington	3
Windham	3
Windsor	3

Vaccination Rates



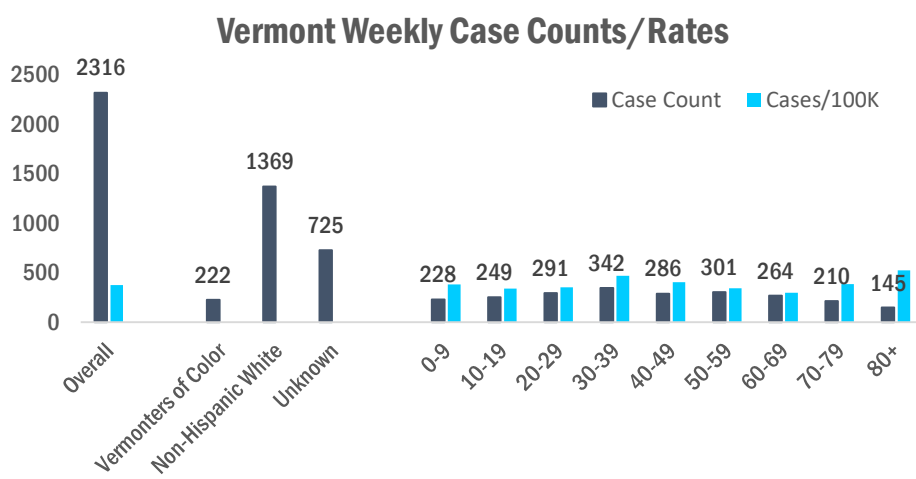
Source: Vermont Immunization Registry (May 2022), Health Department Population Estimates (2019)

Note: Race/ethnicity information is missing for 4% of vaccinated individuals. Population denominators are from 2019 population estimates so percentages shown are an estimate which may vary from the true proportion in the population, particularly for smaller groups. “Up to date” means a person has received all recommended doses in their primary series of COVID-19 vaccine, and one booster dose when eligible.

[COVID-19 vaccination rates](#) for Vermonters who identify as Pacific Islanders or Native American, Indigenous, or First Nation have been substantially lower than rates for other Vermonters. In addition, the number of people in the Vermont Immunization Registry who identify as Pacific Islanders or Native American, Indigenous, or First Nation are much lower than our Vermont Department of Health population estimates. These findings could be due to one or more of the following:

- 1) Pacific Islanders and Native/Indigenous Americans are less likely to report their race.
- 2) Pacific Islanders and Native/Indigenous Americans are receiving fewer vaccinations.
- 3) Health Department population estimates are overestimating the true population.
- 4) Race and ethnicity are collected by providers in a way that does not align with how people identify.

Identified Cases



Note: Case counts and rates are calculated by *confirmed* and *probable* cases reported to the Health Department. (Source: NBS)

To calculate rates, counts are divided by 2019 Vermont population estimates for respective category and expressed per 100,000 in each category.

Due to high number of cases missing race/ethnicity data, rates are not provided for race/ethnicity categories.

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